

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	A SYNERGISTIC COMPOSITION FOR TREATING HYPERILIPDEMIA
Attorney Docket Number::	11378.60USW1
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Initial 03/31/04

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Palpu
Middle Name::
Family Name:: PUSHPANGADAN
Name Suffix::
City of Residence:: Uttar Pradesh
State or Province of Residence::
Country of Residence:: India
Street of mailing address:: National Botanical Research Institute, Lucknow
City of mailing address:: Uttar Pradesh
State or Province of mailing address::
Country of mailing address:: India
Postal or Zip Code of mailing address:: 226 001

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Shanta
Middle Name::
Family Name:: MEHROTRA
Name Suffix::
City of Residence:: Uttar Pradesh
State or Province of Residence::
Country of Residence:: India
Street of mailing address:: National Botanical Research Institute, Lucknow

City of mailing address:: Uttar Pradesh
State or Province of mailing address::
Country of mailing address:: India
Postal or Zip Code of mailing address:: 226 001

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Chandana
Middle Name:: Venkateswara
Family Name:: RAO
Name Suffix::
City of Residence:: Uttar Pradesh
State or Province of Residence::
Country of Residence:: India
Street of mailing address:: National Botanical Research Institute, Lucknow
City of mailing address:: Uttar Pradesh
State or Province of mailing address::
Country of mailing address:: India
Postal or Zip Code of mailing address:: 226 001

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Sanjeev
Middle Name:: Kumar
Family Name:: OJHA

Initial 03/31/04

Name Suffix::
City of Residence:: Uttar Pradesh
State or Province of Residence::
Country of Residence:: India
Street of mailing address:: National Botanical Research Institute, Lucknow
City of mailing address:: Uttar Pradesh
State or Province of mailing address::
Country of mailing address:: India
Postal or Zip Code of mailing address:: 226 001

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Govindarajan
Middle Name::
Family Name:: RAGHAVAN
Name Suffix::
City of Residence:: Uttar Pradesh
State or Province of Residence::
Country of Residence:: India
Street of mailing address:: National Botanical Research Institute, Lucknow
City of mailing address:: Uttar Pradesh
State or Province of mailing address::
Country of mailing address:: India
Postal or Zip Code of mailing address:: 226 001

Initial 03/31/04

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Guntupalli
Middle Name:: Madan Mohana
Family Name:: RAO
Name Suffix::
City of Residence:: Uttar Pradesh
State or Province of Residence::
Country of Residence:: India
Street of mailing address:: National Botanical Research Institute, Lucknow
City of mailing address:: Uttar Pradesh
State or Province of mailing address::
Country of mailing address:: India
Postal or Zip Code of mailing address:: 226 001

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Sreedevi
Middle Name::
Family Name:: PADMAVATHI
Name Suffix::
City of Residence:: Kerela
State or Province of Residence::
Country of Residence:: India
Street of mailing address:: Gyanaceologist, Government Hospital,

Initial 03/31/04

Thiruvananthapuram

City of mailing address:: Kerela

State or Province of mailing address::

Country of mailing address:: India

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 23552

Representative Information

Representative Customer Number::	23552
----------------------------------	-------

Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
this application	Continuation of	PCT/IB03/06106	12/22/03

Assignee Information

Assignee Name:: COUNCIL OF SCIENTIFIC AND INDUSTRIAL
RESEARCH

Street of mailing address:: Rafi Marg

City of mailing address:: New Delhi

State or Province of mailing address::

Country of mailing address:: India

Postal or Zip Code of mailing address:: 110 001

Initial 03/31/04